



Policy: 4200
Chapter: Behavioral Health
Rule: Scope of Behavioral Health Treatment Services

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The Arizona Department of Juvenile Corrections (ADJC) Division of Programs and Institutions shall ensure that quality behavioral health treatment services are provided to juveniles admitted to its care. Each secure facility shall have a designated mental health authority that is responsible for ensuring that quality behavioral health services are accessible to juveniles. All clinical decisions regarding behavioral health services shall be the sole province of the mental health authority and shall not be compromised for security reasons. Behavioral health employees shall comply with all security regulations.

Michael D. Branham, Director

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Definitions:

- 1. Assistant Director of Programs and Institutions** - oversees the design, development, and delivery of all behavioral health services. These services are designed to meet the mental health needs of juveniles, including, but not limited to, screening, assessment, classification, treatment planning, crisis intervention, individual counseling, group interventions, family interventions, substance abuse counseling, psychiatric services, and other specialized behavioral health services. S/he oversees the Division and is the authority for ADJC in the areas of programs and institutions; The Assistant Director of Programs and Institutions develops the following guidelines for the implementation of behavioral health services:
 - a. The definition of behavioral health services;
 - b. Quality assurance procedures;
 - c. Training and continuing education;
 - d. Clinical practice standards;
 - e. Strategic planning; and
 - f. Deployment of behavioral health employees.
- 2. CAPFA** - Criminogenic and Protective Factors Assessment (CAPFA) is one part of the tools in the assessment and classification process. The CAPFA is designed to be used as a systematic and objective means of ensuring that case planning decisions are based on a number of factors which research has proven to be vital in reducing recidivism. It is divided into the following 12 domains:
 - a. Risk to Re-Offend;
 - b. Behavioral Health (Medical and Mental);
 - c. School;
 - d. Employment;
 - e. Family;
 - f. Alcohol and Drugs;
 - g. Aggression;
 - h. Sexual Offending;
 - i. Social Influences;
 - j. Use of Free Time;
 - k. Skills; and
 - l. Attitudes & Behaviors.
- 3. Case Management Coordinator** - oversees the statewide delivery of case management services, classification, and records.
- 4. Clinical Services Administrator** - the mental health authority for ADJC who oversees the statewide delivery of psychiatric, psychological, and specialized treatment services.

5. **Duties of the QMHP and Behavioral Health Employees** – to ensure behavioral health services are provided. These services include, but are not limited to, the following:
- a. **Screening:** a relatively brief process designed to identify juveniles who are at increased risk of having disorders that warrant immediate attention, intervention, or more comprehensive review. Screening is a triage process employed with every juvenile entering a particular part of the juvenile justice system;
 - b. **Assessment:** a more comprehensive and individualized examination of the psychosocial needs and problems identified during the initial screening. The examination includes the type and extent of mental health disorders, substance abuse disorders, and other issues associated with the disorders, as well as recommendations for treatment intervention;
 - c. **Classification:** a formal process used to ascertain and categorize the risks, strengths, and needs of juveniles in order to determine appropriate placement. This process includes a method (re-classification) after initial classification for re-assessing needs and placement based on a juvenile's treatment progress and behavior;
 - d. **Continuous Case Planning (CCP):** a process that guides treatment where treatment goals and objectives are identified from admission through discharge. The Continuous Case Plan (treatment plan) is a dynamic process that reflects changes in treatment and interventions and is reviewed every 30 days;
 - e. **Multidisciplinary Team (MDT) Participation:** is a process that includes representatives from all ADJC disciplines, both secure care and community, to coordinate, develop, and evaluate the care of each juvenile and his/her family while the juvenile is in the custody of ADJC;
 - f. **Crisis Intervention:** a process where services are provided to alleviate negative emotional symptoms experienced by juveniles. These services are designed to encourage juveniles to utilize effective coping strategies;
 - g. **Individual Counseling:** a process where the focus is placed on a juvenile's mental health, substance use, and family needs. Counseling may involve behavioral control, managing mental health symptoms, managing traumatic experiences, exploration of family issues, identification of appropriate emotional and behavioral triggers, management of aggression, and acquisition of social skills;
 - h. **Group Interventions:** a process where the focus is placed on the juvenile's interpersonal and intrapersonal skills. It generally involves the acquisition of pro-social skills through supporting, affirming, re-directing, and confrontation by relying on information contained in a structured curriculum;
 - i. **Family Interventions:** a treatment modality in which family members are involved in the therapeutic process with their child. This process generally involves the acquisition of pro-social skills through establishing family rules, boundaries, structure, cohesion, warmth, and role-modeling;
 - j. **Substance Abuse Treatment:** a process in which the juvenile is helped to develop coping skills when s/he is confronted with opportunities to abuse chemicals. This process generally involves the disruption of alcohol and drug abuse;
 - k. **Psychiatric Management:** the administration, management, and monitoring of psychotropic medications to alleviate or minimize psychiatric symptoms experienced by juveniles;
 - l. **Case Consultation and Supervision:** a process where various disciplines meet to share information to help juveniles determine the best course of action for addressing problem areas;
 - m. **Transition Planning:** a process where aftercare services are discussed and planned for juveniles upon their first day of admission to the Department, no later than day 30 and throughout the juvenile's stay until absolute discharge. This involves a multidisciplinary process to help juveniles transition from the secure facility into the community.

6. Individual Behavior Plan (IBP) – A more restrictive behavior strategy that is used when less restrictive approaches have not proven effective in promoting safe and pro-social behavior.

7. Informed Consent/Assent:

- a. **Informed Consent** – is the agreement by a juvenile and his/her parent/legal guardian to a treatment, examination, or procedure after they receive the material facts about the nature, consequences, and risks of the proposed treatment, examination, or procedure; the alternatives to it; and the prognosis if the proposed treatment is not undertaken.
- b. **Assent** – is an informal, joint decision-making process in which the juvenile, to the extent of his/her capacity, is involved in discussions about his/her healthcare to improve long-term outcomes, to foster trust, and to enhance the juvenile-provider relationship.

8. Placement Team Conference – is the meeting of the Reception, Assessment, and Classification (RAC) Multidisciplinary Team (MDT) after completing the screening and assessment protocol and in which they determine the juvenile's needs and unit placement.

9. Qualified Health Care Professional (QHCP) – includes physicians, physician assistants, nurse practitioners, dentists, and others who, by virtue of their education, credentials, and experience are permitted by law to evaluate the health of juveniles and provide them with health care.

10. Qualified Mental Health Professional (QMHP):

- a. Is a psychiatrist, psychologist, mental health treatment coordinator, psychology associate, family services employee, community provider, or any direct care employee, as designated by the psychologist, who holds any of the following educational degrees:
 - i. Board certified or board eligible licensed psychiatrist;
 - ii. Board certified or board eligible psychologist;
 - iii. Licensed or licensed eligible Master's level or above in psychology and/or counseling;
 - iv. Licensed or licensed eligible Master's level or above in social work.
- b. Has the education, training, and experience adequate to perform the duties required, in accordance with professional standards. The QMHPs include:
 - i. The **Facility Psychologist** or Clinical Supervisor provides clinical supervision and consultation to Psychology Associates and Youth Program Officer III (YPO III) Case Managers. S/He is the mental health authority in the secure facility and is responsible for overseeing the delivery of all psychological services, including specialized services;
 - ii. The **FACILITY PSYCHIATRIST** oversees the delivery of all psychiatric services and is available for consultation on matters related to the clinical practice of psychotropic medication-related issues.
 - iii. The **PSYCHOLOGY ASSOCIATE** delivers psychological and social services and provides clinical oversight of all clinical work performed by the YPO IIIs.

11. SOAP (Subjective, Objective, Assessment, and Plan) – is a professional documentation standard and format to accurately reflect the services rendered.

12. YPO III - is an unlicensed provider with education, training, and experience adequate to perform case management services and other select clinical duties required under the clinical supervision of the QMHP, in accordance with professional standards, as authorized by the designated mental health authority.